

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: RIDGEVIEW (0008490)
Address: 25601 VIOLET DR, BLUE RIVER, WI 53518
License Status: REGULAR
Licensed/Certified/Registered 02/15/1999
Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0097024 **End Date:** 05/23/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0096313 **End Date:** 02/06/2006 **Type:** STANDARD **Purpose:** SURVEY
Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008320 Served 02/09/2006

Deficiencies Cited
88.09(2)(a)8

Subject Area
TRAINING DOCUMENTATION

Compliance
Verified

Corrected

Survey ID: 0094140 **End Date:** 02/15/2005 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092923 **End Date:** 07/15/2004 **Type:** ABBREVIATED **Purpose:** DESK REVIEW
Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
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Survey ID: 0092133 End Date: 02/23/2004 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007950 Served 03/18/2004

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-----------------------|--------------------------------|------------------|
| 88.07(1)(e) | OVERNIGHT SUPERVISION | 02/15/2005 | Yes |

Survey ID: 0090722 End Date: 07/16/2003 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007818 Served 08/06/2003

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------------------|--------------------------------|------------------|
| 88.03(5)(e)1 | SIGNIFICANT CHANGE TO THE RESIDENT | 02/23/2004 | Yes |
| 88.04(5)(a) | TRAINING-15 HOURS WITHIN 6 MONTHS | 02/23/2004 | Yes |
| 88.04(5)(b) | TRAINING-8 HOURS ANNUALLY | 02/23/2004 | Yes |
| 88.06(3)(c) | ASSESSMENT IDENTIFY NEEDS & ABILITIES | 02/23/2004 | Yes |
| 88.10(3)(a) | FAIR TREATMENT | 02/23/2004 | Yes |
| 88.10(3)(e) | SELF-DIRECTION | 02/23/2004 | Yes |

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Adult Family Home

| Enforcement History |
|---------------------|
|---------------------|

| | | |
|-------------------------|----------------------|---------------------|
| Date: 03/09/2004 | SOD #10007950 | Appealed: No |
|-------------------------|----------------------|---------------------|

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

| | | |
|-------------------------|----------------------|---------------------|
| Date: 08/05/2003 | SOD #10007818 | Appealed: No |
|-------------------------|----------------------|---------------------|

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

| Complaint History |
|-------------------|
|-------------------|

Date Complaint Received: 03/30/2006

Date Investigation Completed: 05/24/2006

Subject Area(s)
SUPERVISION
RESIDENT RIGHTS
ABUSE
ADMINISTRATION

| <u>Result</u> | <u>SOD #</u> |
|-------------------|--------------|
| NOT SUBSTANTIATED | |
| NOT SUBSTANTIATED | |
| NOT SUBSTANTIATED | |
| NOT SUBSTANTIATED | |

Date Complaint Received: 10/28/2004

Date Investigation Completed: 02/15/2005

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS

| <u>Result</u> | <u>SOD #</u> |
|-------------------|--------------|
| NOT SUBSTANTIATED | |
| NOT SUBSTANTIATED | |

Date Complaint Received: 06/15/2004

Date Investigation Completed: 02/15/2005

Subject Area(s)
PHYSICAL PLANTS & SAFETY HAZARDS

| <u>Result</u> | <u>SOD #</u> |
|---------------|--------------|
| SUBSTANTIATED | NOT RECORDED |

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